



Department of
Health Services

North East Independent School District

8961 TESORO DRIVE – SAN ANTONIO, TEXAS 78217

MEDICATION ADMINISTRATION REQUEST

When your student's physician determines it is necessary to administer medication during the school day, the following procedures must be followed:

- 1) A parent/guardian or responsible adult designee must bring the medication to school.
- 2) All medication must be in the **PRESCRIPTION/ORIGINAL CONTAINER** clearly labeled with the student's name, the name and dose of medication, and directions for administration. Parents must provide all medications.
- 3) The Medication Administration Request must be completed by the physician each school year and when there is a medication and/or dose change. Prescribing physicians must be licensed to practice in the state of Texas.
- 4) Only FDA approved pharmaceuticals manufactured in the United States will be administered.
HOMEOPATHIC PREPARATIONS WILL NOT BE ACCEPTED.
- 5) **MEDICATIONS WILL NOT BE SENT HOME WITH STUDENTS.** All medication must be picked up by a parent/guardian or adult designee.

Medication will be administered under the direction of the school nurse. Please contact the school nurse if you have questions concerning medication.

STUDENT: _____ **DATE OF BIRTH:** _____ **GRADE:** _____

SCHOOL: _____ **SCHOOL NURSE:** _____ **FAX:** _____

Diagnosis: _____

Medication, Dose, and Time to be Administered: _____

Special Instructions: _____

Precautions/Untoward Reactions/Interventions/Emergency Measures: _____

Activity Restrictions: _____

BY SIGNING THIS FORM I UNDERSTAND I AM GIVING THE SCHOOL NURSE AUTHORIZATION TO CONTACT THE DOCTOR IF THE NURSE HAS ANY QUESTIONS REGARDING THE ADMINISTRATION OF THE MEDICATIONS LISTED ABOVE.

DATE

SIGNATURE OF PHYSICIAN

SIGNATURE OF PARENT/GUARDIAN

PHYSICIAN'S NAME (PRINTED)

PARENT/GUARDIAN PHONE NUMBER

PHYSICIAN'S PHONE NUMBER